Interview with CAPT John Stover, MC, USN (Ret.) about his memories of World War II and Vietnam War. Interview date unknown but probably about 1989. Interviewed by Jan K. Herman, BUMED Historian.

When were you at the Naval Medical School?
I was at the Naval Medical School from, I guess, '63 through '68. I was commanding officer.

When you finished there in '68, that's when you got orders...
Yes.

Do you remember how you reacted to that at the time? What was that like?
Well, I had let the bureau know that I wasn't volunteering to go over. But if called, I was perfectly ready and willing to go over. And as I remember...this is through 20 years of hazy hindsight...ADM Brown used to get to work early, about 7:30 in the morning. We knew each other personally. And we had sort of an agreement that anytime I wanted to talk to him, call before eight o'clock in the morning. I used to get to work about 7:30 too. And I think that he called me one day and said, "Well, it's getting to be time to rotate the fellows out there. These are some people I have in mind. Would you go as three month surgeon?" And I said, "I, I sir."

How many people did you have at that time who were going to go with you? Were there people from Bethesda who were ready to go?
Oh, yes. Practically everybody you saw on that list. As a matter-of-fact we all got together I suppose about a month or so before our orders were effective; and sat down and talked about what the jobs were going to be; and looked at stuff that various people had written back and sort of analyzed the problems we'd be going into and so forth. One of our big problems...I remember...we discussed was communications out there were lousy. The telephone system was hopeless. The Air Force had some neat radios made by columns. Everybody in the Air Force, practically down to the last tent, could pick up a radio phone and talk to whoever they wanted to. And so we talked about the idea of whether the Bureau ought to buy some radio equipment just to tie the medical units together. I remember that was one of the things that we discussed. Immersion foot apparently was a big problem over there. I'm trying to remember the name of the fellow who went out that year previously and surveyed the immersion foot problem. And that was brought to our attention.

What other specific problems did...you obviously when you got there you ran into things you hadn't heard about...but what other things besides immersion foot, or was that the main thing?
Well, malaria was the big problem out there. And various problems like the drugs that were in use and how could we encourage better malaria discipline. The drug we were using at that time, chloroquine, you take once a week. And the next day you'd be in misery. You'd have diarrhea and stomach cramps and so forth. So needless to say it wasn't easy to get the troops to take this stuff once a week because everybody knew what was going to happen. We had to finally resort...as I remember...to urine testing to find out who was taking it and who wasn't.

What kind of preparation did you have before you went? Did you go for example to the Field Medical Service School to get a little bit of background...
I had been in the Marines in WWII so I didn't have to go to the Field Medical Service School. I don't think that any of us did because these were all senior positions, the hospital ships and various hospitals. People were not actually likely to be down at the trenches with the corpsmen. We had had quite of an active program at the Naval Medical School. We set up tropical diseases courses. This is why I brought Julius Amberson back into the Navy to help us with those. We had trained NOVAC (?) teams; we had trained surgical teams; we even had a Vietnamese language course set up out there.

Amberson, he did the teaching here. He didn't go over with you, did he?
No.

When you got there...which would have been '68?
Yes, June.

June of '68. What things did you run into immediately that you had not expected? You knew about the phone system being terrible and you knew about the Immersion foot. What other things...
I don't think there were any big surprises... the brutal heat and the time it took to acclimate yourself, which could be four weeks or more if you weren't really used to it, I don't that there were any surprises other than that. ADM Brown had to specifically asked me when I got over there to travel a lot. My predecessor had stayed mostly in his office in the headquarters in East DaNang. ADM Brown asked me to move, get out of the office to the ground and write him personal letters. Which I did. So I spent a lot of time traveling to all of our various medical installations.

So he had you and Dr. Eiseman as his eyes in the field really?
Yes, true.

And so you sent these reports as reports or did they go back as letters?
Well, let's say they were back-channel correspondence. They weren't official documents. But they were lengthy; and that was common practice. I had many of those because official medical reports, the health of the troops and so forth, would get into the main core channel, somehow or another, and about all the ADM would get out of them was what the casualty figures were. He wanted to know what was actually going on out there.

It seems that as a SG he was really pretty forward thinking in having his people looking out...
I think so. I think we all admired the man.

I've never met him, but I've gotten the impression from people that knew him that he was a very capable guy who kept up...certainly cared...and he kept up and wanted to know what was really going, "don't give me the garbage tell me exactly what's happening otherwise we can't fight this thing." Unfortunately, you don't see that too often anymore.

Well, that was his parting words to me over the telephone, "get out and see what's going on and write me."

What kinds of things did you see going on?
All sorts of things. I don't want to be critical of our efforts, but in some respects, I felt the Army was doing a better job; some respects they were worst. I was concerned about the fact that the Marine Corps was still existing on two medical officers at the battalion level. We were evacuating people by helicopter and, of course, they never got back to that battalion surgeon stuff. So, they were two ducks stuck out in the field practically spending the time littering because they weren't seeing very many patients. Another thing that was quite obvious was that...oh, people had known for years that you had more medical problems and casualties, if you will, in a war than you did have gunshot wounds. The manning of in general medical people was low compared to...we had lots of surgeons, but the poor internists were working there butts off because we had an awful lot of malaria; we had a lot of other diseases. And we didn't have...we should have had more interns. I felt that was one of our problems. We admired the Army dust-off helicopter system. The Marines felt that they were pretty sure, as far as helicopters were concerned, that it was a more efficient use of their helicopter assets to not have dedicated ambulance helicopters. That they would have two or three helicopters on call that would go out and pick up a patient. Well, one of the problems with this was that those pilots would rotate. Those pilots, many of them didn't actually know where each one of our medical installations were. And as far as they were concerned, they're first job was to get the patient into **some** medical facility; just the first one that they came to. And of course, this lead, sometimes, to overloads where we'd have too many patients at one facility whereas another facility had empty operating rooms. We finally got a joint medical regulating system set up. My counterpart in the Army...in "I" Corps they had something called the 67th Medical Group with a chap named Wally LeGordy (?) as commander. He himself was a helicopter pilot. So I gave him a desk in my office and we sort of ran "I" Corps together. He did the Army side and I did the Marine Corps side.

Sounds pretty convenient to have your counterpart right there in the office. That sounds like a pretty good way of doing it.
Yes. It was fun. They decided to have a joint medical regulating office which we set up in an Army hospital about six miles up the road. And this way both the Army and Marine Corps people could look at each other as tote boards and see who was... had a lot of patients and who was light then we could cross service that way.

So you didn't have to be particular about which service treated which patient...
Well, we preferred if they went to their own service but if...

You couldn't...
Yes, if the Army hospital was jammed up with operating, we'd take them and vice versa.

And obviously you went through cycles where there would be very little and then you'd get an offensive or something...were you there for Tet?

No, I got there just after Tet. Actually, that fall...in August and maybe September we had higher casualty rates than we did during Tet. I really had some uncomfortable moments one week when we were running almost 90 or 92 percent of capacity. We were even sending patients by helicopter out to the OPHs. And running malaria patients down to an Air Force convalescent hospital way down by Nha Trang. But if the well-known-you-know-what had it the fan that week, we would have been deep, bad trouble.

When did you decide...for example you had the two hospital ships sitting off the coast...how did you determine where the patients went? Was that also in your medical regulating plan? Who would go out to the AHs?
Yes.

And it depended on what kind of load they were carrying too I guess.
Those were old hospital ships, as you know. And I remember they only had three operating rooms. The spaces were pretty cramped inside. They had no staging area really. They couldn't handle a big influx of patients at one time. And when they wanted to send patients ready for discharge back to the beach, they had to line them up in corridors head to toe on the litters, waiting for a helicopter to take them back to the beach. They had no big open space that could be used as a triage or staging area. I trust the new ships have something like that
.
Yes. In fact you might be interested in seeing this. We're doing an article in Navy Medicine, November/December issue on the "Sanctuary." Recognize that old thing? It's up in Baltimore. It's been purchased by an outfit called "Life International" and they're trying to fund $30 million to get it back in operation as a humanitarian life project hope kind of thing.
Oh, I was going to say...did Barry Walsh (?) have his fingers involved in that?

I don't think so. I'm trying to remember who was involved. There were several people involved. There's a Presbyterian minister...what's his name...Reverend Bob Myers who has organized this group called "Life International." What they plan on doing is ...
Repeating a Project Hope star or similar...

Similar except what they want to do is that they want to do...the first port of call would be Lagos, Nigeria where they would stay for about seven or eight months. And they'd have physicians. In fact, they have volunteer physicians from Johns Hopkins in Baltimore who have already said they'd go seven or eight months. The school would support them. And they would essentially act as a teaching hospital out there and get fairly good coverage that way. They would also treat patients. Anyway, they've got a long way to go. The ship, it looks like that. The lower deck is in pretty good shape. It's about the way it was back in '74 when it was taken out of operation and put in moth balls. But outside the hall is rust everywhere. It looks like a derelict. So it's going to need a lot of work. They're looking for any help they can get. The Navy's volunteered to give them a little expertise. They have Navy divers, for example, check below the hole and see what was going on below the water line; to see if the propeller was still on.

That's amusing because when Bill Walsh established the Project Hope...when he first established that, he talked to the Navy. And there was serious consideration as to whether the Navy would supply a Naval medical officer to go along. And I was approached.

Really?!
I forget now who it was...I think maybe John Holbrook (?) approached me and asked whether I'd be interested in the job. Then finally the CO, I guess, decided, "No, we won't send any Navy people."

These people don't have any plans for that. But they're looking for help wherever they can get it. In fact, it was down in the reserve fleet, down there in the York River. They got the Moran Towing Company at a very reduced rate to tow them up to Baltimore where the state of MD is providing them with this pier, free of charge. And it's right across the harbor from where the Comfort is normally docked. So, if you can look from the aft deck of this thing right across the harbor; right pass Ft. McHenry and there's the "Comfort." When the "Comfort" was sitting there. The article's all written. You're on the mailing list. You'll get it.
Yes. I really enjoyed going through that batch that you sent me.

You did see the one on Dr. Amberson? Did I send you that one?
Yes. I'm trying to remember whether you mentioned if Tom Doolie was in that crowd...

Yes.
Ed Gleason (?) and Tom Dooley.

Yes. Dooley was with that group in Haiphong. Anyway, I've got some good stories about that. We had a fellow who was a line officer who was involved in that project. Who is a lawyer here in Washington now. And he was with that group. He gave a talk at the Naval Historical Center when we have these monthly seminars for historians. And he told us about Tom Doolie and some of the stuff that was going on out there. And of course he talked about Amberson. And I was very impressed with his story of Amberson. He (Amberson) sounded like a remarkable guy.
Oh, he was.

His Navy career was just incredible. Never mind his Navy career but you know starting out a radioman on a submarine in WWI; becoming an oil man and then a physician. He was well respected.
Did you ever hear the yarn about the "Haven" and its evacuation of the French prisoners from Dien Bien Phu back to Marseille?

No.
Yes, that happened in '55.

The "Haven" did that?
Yes, the "Haven" did that. I've got a narrative account of that.

That would be very interesting. You know that's the kind of thing I look for to publish in the magazine. You don't read Navy Medicine for the clinical stuff. Nobody reads it for the clinical stuff. You read it for the other stuff. And I get people...if I don't have a history article in there...I get people calling me, "What the hell is wrong with you? That's what we look for. We don't look for necrotizing..."
Yes, that would make a good article.

If you don't mind I'm going to write that down just to remind you. Because I think it'll make a tremendous article.
AH "Haven," I think it was '55 when the North Vietnamese finally released the Frenchmen that they had taken at Dien Bien Phu; what was left of them.

They must have been in pretty sorry shape.
They were.

These are stories, I guess after Dien Bein Phu, of native population there in southeast Asia seeing white soldiers, obviously POWs, being paraded off and not knowing whatever happened to them. I imagined a lot of them just disappeared never came back as a result of that. But getting back to the story...there was a specific question when you and I were talking on the phone, you had those questions about the encrypted messages. I wanted to elaborate a little bit more about that. Because you had asked me if the "Comfort" and the "Mercy" had that capability.
Yes. Well, I'm trying to remember exactly how we worked it. It seems to me that if they had the capability to receive encrypted messages, it would take them out from under the protection of the Geneva Conference. And it seems to me that when we are going to run an operation somewhere or other, which we thought it would be useful to have a hospital ship in the vicinity, we would actually fly out by helicopter and pass the word to the military commander of the ship which was John Grew (?) on Willie Armson (?) ship.

He was on the "Sanctuary"?
Yes. Then say O.K. the day after tomorrow the Marines plan an operation in this area move further up on the beach. Well, that was fine. But, then periodically they went back to Subic for yard availability and also to discharge patients. And while they were on route, it seems to me (that) we had an agreement with 7th Fleet that if we would send a message advising that the ship be at etc., etc., place; they would not have to go to 7th Fleet to get permission to change their destination. And it seems to me that we sent those messages in clear language, uncoded but that we had an arrangement of key words which would mean so and so. The messages sounded innocuous but they contained some information. That's pretty hazy now but I know that we did not have to go the commander, 7th Fleet to get him to issue orders to change the direction or location of the hospital ship. This was one of the things I admired about the Army medical set up. They actually commanded all of their units. The MACV surgeon commanded what they called the 44th Medical Brigade which was under Spurgeon Neel. And Spurgeon could actually tell everyone of the Army medical units in Vietnam to do this that or the other thing. The Navy set up, of course, was divided. The hospital ships came under, I guess, COMNAV 4 V or under COM 7th Fleet, I don't know which. We had little dispensaries supporting the riverine forces

came under COMNAV 4 V. We had the medical officers attached to the Marines. We had Naval Support Activity hospital which it came under Naval Support activity. So, we had no unified chain of command for the medical units

And that stayed pretty much the same throughout the war?
Yes, indeed.

I was thinking of how back in WWII the hospital ships were used initially is centrally as ambulance ships that carry them off. This was at least a departure from that. The use of the "Repose" and the "Sanctuary"...
Yes, but I think that happened in Korea too.

Korea, yes. I shouldn't say it was a departure. How useful in your feeling, knowing the limitation of these old ships the fact that they were so small and you didn't...
Oh, it was about 650 beds, I think.

Well, I guess when you were under a load...
There were some great difficulties with them. The fact that they were mobile was fine. It was wonderful for patient morale: to get out of the mud, sand and the sound of gun fire to get out to those floating palaces as far as they were concerned. Oh, that was just great. But, it wasn't always easy to get them out there. It was even more difficult when the man was healed to get him from the hospital ship back to his unit or back into the evacuation chain. It was difficult to set up time schedules. You can say, "We have so many patients that need to be evacuated please pick them up." Well, it was that please. "We would like to have a helicopter ten o'clock." It may not get there until noon and you'd have these guys lined up in the corridors. And then when we did get them back to the beach, they had to be further evacuated down to DaNang to get into the evacuation chain. So, we did have problems with internal evacuation as well as external evacuation.

Weather, obviously, was a big thing as far as flying. They didn't have the same capability or did they?
I don't know whether they had IFF or not. I know there was a discussion for a while. They wanted some sort of a homing beacon and that had to be referred to the JAG office to see whether it was legal to put a homing beacon on the hospital ships.

It's certainly not a problem now. They've got everything that's required for good navigation.
Great.

It's all there. The new ships, the new configurations, are obviously controversial. Well, they sure as hell don't look like hospital ships. They look like supertankers with shoe boxes on top. They're not pretty ships like these old ones were. And there are a lot of things that have never really been tested. The "Mercy" went out to this deployment to the Philippines three years ago. But they've never really been tested to see how they're going to operate.

Do they pick up patients from the surface?
Yes, they can. There are several ways that they can do it. They have a large access door which was retro-fitted after these things were all done. They realized hey we can't bring them all in by helicopter. So, they mounted these cargo doors. The other way they have is they have a thing that they call a patient-loading platform, which looks almost like a cage. It's a tubular medal device that runs out the side on a rail. There's a rail that extends, a rack and pennon kind of arrangement. And this patient-lift goes out over the side of the ship and then the thing drops down. So, if you got a small boat bringing patients aboard. Now what they've added to this is a thing is something they call Doppler-actuated device which senses the rising and the falling of the sea and compensates. So, as this thing is coming down, it doesn't hit the water. It kind of makes the adjustments as the ship is rising and falling and as the sea is rising and falling. And the guy operates this with a joystick. It looks like one of these video arcade games. And he tries to match the match and the needle and watches this thing. And that's how it works. Well, they've run into tremendous with this. In fact, the last story I got when I was out on "Comfort," before it went over, I was talking to the MSC fellow in charge. And he said they had an inspection, an in serve inspection of the ship. And I think it was ADM Bulkley. You know he was brought back...I don't know if you know this...you probably don't...
You're kidding.

No. In fact, he retired again for what the fifteenth time. And he didn't pull any punches. He looked at this device...
Oh, I've been on the special teams with…

He's legendary. He makes Willard Arenson look like...
Oh, yes. There's no question there.

He took a look at this thing. They were demonstrating and it was perfectly calm and everything worked. And he looked at it and he turned and shook his head and said, "It'll never work," and walked away. That was it. He didn't want to see anymore. He was essentially right. His concerns were well-rounded concerns as far as the [?]. The other thing about it is the fact that it has its helo deck is right midships. It's up high and it's a midships. There's always a question what if you get a helo up there and it doesn't ...you know you can get the engine going or it cracks up on the helo deck. On the old ships, you needed to just walk...[?]. You can't on this thing. You can't simply push the thing off because you'll take out this other stuff. Anyway, there lies a lot of controversy and we don't know it's all going to work. The construction of it...in fact, I just completed an oral history with one of the Navy MSCs who was involved in the yard work on both ships, the "Mercy" and the "Comfort." In fact, he had me out to see them when they were out at the yard; out at NASCO in San Diego and they spent some days in the yard well.
Wouldn't be Joe Graves?

No. His name is Doug Faulls. He's a LCDR. He's now out at Great Lakes. He's a young fellow, former corpsman. But he gave me access to all his papers. He gave me a six-month loan for everything he collected for the five or six years that he was on the project which I

got to go through and take what I needed. And then we spent about five or six hours, on and off at his apartment, he was taking some courses here at GW. And I got the whole story: the good and the bad and the ugly, all of it. It's all on the record...well, it's not on the record it's on the tape. So, someday it's going to be very valuable in trying to learn what happened with that. How much time do you have by the way?
Well, I decided to try your subway. And so all I've got to do is walk back to Foggy Bottom.

O.K. It will take you to your hotel you're staying at?
Yes. I'm out in Bethesda.

Oh.
You're not a Bethesda resident per chance.

No. But I don't live too far from there and if you wouldn't mind a ride, I'd be happy to take you to your hotel. Where are you staying in Bethesda?
Pooks Hill.

Pooks Hill, O.K.
O.K. Let's secure this for a minute. Let's look at the pictures.

If I could get a copy of that...I never knew that stuff existed.
I've got newspaper clippings and photographs from Saigon when they blew up the Brink Hotel. Chan Haring (?) sent me those.

You weren't there then?
No. That was maybe '63 or '64.

How long were you there all together? Were you there a year?
12 months just like everybody else. Counted the days.

Where did you live while you were there in East DaNang?
Three bath headquarters. I was a three bath surgeon.

Probably not high on women either.
It was a lot better than what some of the other guys had.

What would you do on a normal day in the course of that particular position?
Well, that was a little bit shocking because I found that a normal day at those headquarters did not end at 5:30. After we had chow, the General expected us to be back in our offices and at work until about 10:30 at night. This was Bob [?]. I think we got Sunday mornings off if I can remember. We didn't get the whole day Sunday off.

Obviously it was an administration position. Did you ever get to see patients?
Let's say I never had patients under my care but I saw an awful lot of them. Because as I said I was on the road. I'd be down at NSA hospital here, there, or the other place. As time went, I got

a radio in my office. So, I was able to tune into the helicopter pilots' frequency. And if there were patients coming in, I knew about it. And if they were headed for NSA, I would hop in the jeep and boil down there and see how bad the situation was.

What was the worst you ever saw while you were there at NSA?
I guess the biggest load I ever saw at one time was about 30 patients arriving simultaneously.

30 patients. All of them needing surgery?
Yes.

Immediate surgery?
Oh, yes. These were people who were badly hurt.

How did they handle... I guess the typical triage arrangement...
Well, yes. They had a pretty good set up down there at NSA. At NSA, the had an outdoor reception area with hoses. We had lots of mud in Vietnam. So, one of the very first things they did was hose all these fellows down to get the mud and the glop off of them. Then we'd run around and cut there clothes off and then move them into the appropriate operating room. I think NSA, at that time, had about eight operating rooms. Of course, team surgery was very common. You would have two or three teams of surgeons working on a fellow simultaneously. You might have a neurosurgeon working on his head; an orthopedists working on his leg and a general surgeon working on the belly all at the same time.

Three sets of surgeons. So, these were really badly injured people.
One of the nicest triage areas was at the 3rd Medical Battalion which, I guess, at that time was up at Phu Bai. There somebody that had been very smart there in that they had receiving stations set up for maybe 20 simultaneous patients with sawhorses and a little open cabinet at the head of each space. And each cabinet was identical, bandages here, this here that there. So that in the rush of the moment the surgeon or whoever was taking this fellow initially knew exactly where to reach to get what he wanted. Each receiving station was equipped identically and that really facilitated things.

What kinds of things would you have found in such a cabinet?
Dressings, bandage scissors, fluids, saline, sterile knives for doing cut downs to get the infusion started that sort of thing, tourniquets.

One of the things you talked about earlier was the helicopter availability Army dust-off situation, the Marines having to rely on, every once and a while, getting maybe three helicopters...
Well, no. Don't get me wrong now, Jan. The Marines did have the helicopters. We went through a long study to see if we could figure out if the dust-off system was any more efficient. There was feeling at first that maybe the Army was getting there people back a little bit earlier. Well, roughly, I guess, 100 patients were being evacuated at a day and we tried to check timing very closely. I think there was very little difference. I think from the time a kid was hit in the field until he got deposited in the medical facility was about 65 minutes, something like that, no

matter which system you used. But there were things that would hold it up. The Marines, for instance, would call to a pilot that was closest to the area that needed help. Well, in addition to telling the pilot to go such and such a place, they had to notify their field artillery to stop firing and this area. There are quite a few stages to go through. In the first place, the unit that had the wounded man had to get word back to the DASC, which I think stands for Direct Air Support Control. And that involved several different stages of radio communication. And then the DASC would have to determine whether there was a helicopter in that area or whether they should activate one of the helicopters that was standing by for MEDEVAC. And if there was a helicopter in the area then they had to determine whether or not there was a fire fight going on the ground; whether the helicopter could safely land there. And if there was a fire fight going on and if it was critical to pick up the patients and if he was critically wounded, they might have to send out an additional helicopter gun-ship to lay down suppressive fire around the place so that the evacuating helicopter could get in. Because they're very vulnerable when there on the ground, of course. So, I think, it took a little bit over an hour, on average, to get a patient back.

When you went around, how well prepared did you find the fleet Marine Force corpsmen who were sent out with these Marine units? How well prepared were they to deal with what they faced?
Oh, I don't know. I'd rather you read Ben Eiseman's report on that because the problem is in classifying a patient. A skilled surgeon can tell roughly how bad off a patient who's been hit with a bullet is. It's imposing an awful lot on a corpsman to decide whether this man who's been hit is critical or can he be delayed for two or three hours that sort of thing. And that's really one hell of a burden to put on those kids.

One of the things I had heard was that it didn't really matter in many cases what the wound was. They would, more often than not, call for a dust-off because they didn't want to take the chance.
Well, not only that. It ties the unit down. The Marines have a very, very strong tradition as to never abandoned a wounded Marine. Well, this means it ties this unit down. They can't move out of this area so long as they've got a wounded man or they're reluctant to do so. So the individual unit commander would be happy to see the wounded Marines evacuated as promptly as possible. From the other end, we would not like to have every Marines helicopter busy chasing patients when some of these guys could easily be delayed for two or three hours. I think it's just too much of a clinical call to impose on a corpsman. And I'd be in favor of having them picked up whenever whatever by at the mission.

Well, the big controversy now is with the new battlefield etc., they're talking about were not going to have the luxury we had in Vietnam because every potential enemy could be armed with a shoulder-fired missile so helicopters are not going to be safe.
Then were going to be in deep kimche because I remember WWII very well and it was miserable. In the first place, most people don't realize that it takes four men to carry a litter. You don't have one fellow on front and one fellow on back. Two men cannot carry a litter very far. Your man is wounded. You have just come through very unsettled territory. You don't know if any of the enemy is left in the rear of you or not. The battalion aid station maybe half-a mile or more behind you. You've got to carry this wounded Marine. You can get four litter

bearers. Now the old, old man used to say that the field musicians the bandsmen, and I think the bakers would be used for litter carry. Well, in the average Marine squad you don't have a field medic and you certainly don't have four of them. So in the first place, it's literally hard to find people to carry the litter. They're supposed to be moved forward from battalion aid. You have a quarterly of corpsmen there, more than you need, maybe a half a dozen who's supposed to go forward and help evacuate the wounded. Well, when you're out there, you may or may not be penned down, you've got somebody hurt; you've got to spring four our men to get that back. And that's not easy. So they have got to carry him back through quasi-enemy territory or recently conquered territory. They've got to have their weapons with them because they don't know when they're going to be jumped. They may or may not have fluids to be able to give him. Then they get back to battalion aid station and the doctor at battalion aid station does what he can with his bare hands which is very damn little. He can get some good dressings on the bleeding points. He can splint the patient if he's been shot through the leg or the arm. And maybe or maybe not ambulances, a jeep ambulance, can get up as far as battalion aid. And then the guy has to be driven back over rough, uneven ground, bouncing and {?} like hell to he gets back.... (end of tape one)

So, it wasn't very much fun in WWII. And if we are denied the used of helicopters, we'll have to face up to the same business out there. It also means that we'll have to evacuate from the beach and surface craft which is not easy because the ships are usually laying quite a way out.

Well, presumably, the air would be safe over that. We would have air superiority. I think they're talking in terms of a jungle situation in which you've got the enemy hidden in the jungle with shoulder-fired missiles. And I think we've demonstrated...well, I think the Afghan rebels have demonstrated the value of a single infantryman or guerilla whatever with one of these things, stingers or whatever they are. My curiosity is...I don't know what the training...I'm trying to find curriculum for let's say the Field Medical Service School from 1951. I guess it was organized in '51 wasn't it? During Korea...
We had medical field service school in WWII.

Was it the second school they put...maybe that's what I'm thinking of. Camp Lejuene was first and then there was Camp Pendleton. And I'm trying to remember which of the schools came first? I think it was Camp Lejuene. But you're right there was one in WWII. It must' have been Camp Lejuene.
Yes because I went through that.

Were you a corpsman in WWII?
No, they sent the medical officers through field medical service school.

You were a medical officer in WWII?
Yes.

What kind of course was it? What did they teach you?
They tried to get us in physical shape. We had Marine Corps jump first thing in the morning and again late in the afternoon. Then we had courses on military map reading. As I remember we

had nothing on treatment of wounds in the field. I won't swear to that, but it was basically to get us oriented to what the Marine Corps was. And how to hike, oh we had to make up our knapsacks and that sort of [?]. And we had marksmanship. We went down to the rifle range and fired weapons.

Your course was essentially different from the corpsmen's course. You don't recall what that, the corpsmen's course, might have consisted of and what kind of first aid skills would have been emphasized?
No. No I don't. I did it one time because I used to go down and inspect those places, especially after Vietnam. I was very unhappy with one of the school because I didn't think it was very realistic. But I forget the details now. I still remember a demonstration that they had for the medical officers though. It was to...the damage that a high velocity bullet would cause. They had two cans of sauerkraut set up on a fence and they fired a rifle in which the powder charge and the cartridge had been lessened. At first hand, the bullet just went right through and a little bit of sauerkraut dribbled out. Then they took a regular round and fired it fairly close up and the whole damned can just exploded. Well, that's exactly what happens in the field. You have much more injury or you get an awful lot of injury from the shock wave that a high velocity bullet causes as it goes through the tissue.

So that sobered all of you up pretty fast.
Yes, it did.

During WWII, you said you came in on the tail end of it. Did you actually treat patients?
Yes, I did. WWII, let's see I came in on the tail end of the Guam campaign and was stationed in the 3rd Corps Medical Battalion. The was a medical battalion at [?] in those days. Then I was detached from corps medical battalion and sent to Headquarters 3rd Marine Amphibious Corps. I was the H-nest battalion surgeon. And from Guam, we went up to Okinawa and I saw part of that campaign.

That was enough right there.
Yes. Then from Okinawa, we went up to China. And when I was in China, I got orders back. I told the general I'd like to extend. He said, "Fine. We'd like to have you." So I extended. Had about a year in China.

Where were you? In Tientsin ?
Tientsin.

Were you involved in Korea at all?
No. I was doing postdoctoral work in biophysics at the time.

I was surprised when I had my interview with Dr. Eiseman. He wasn't involved in Korea either.
Well, the senior medical officers for Korea would be Howard Johnson, who's probably dead; Bud Herring, who may or may not be dead; and Dick Lawrence, who I think is still alive. Dick

was with the Marine paratroopers in WWII. He was on the...I'm pretty sure he was in on the reservoir retreat in Korea. And then he was the skipper of NSA hospital in Vietnam.

I've got a list...in fact, I've just finished reading a book on the Chosen Reservoir campaign. And at the end of the book there's a list of all the battalion surgeons and division surgeons, in which I made a list of, hoping to find some of these people and interview them, if I ever get the time. Getting back to your experience in Vietnam again, you talked about your typical day and what you would've done. You mentioned that you worked to about 10:30 at night on most nights. So was it essentially administrative...you were keeping tabs on your "docs" in the field...
And on the various disease rates and so forth and an awful lot of trying to get people to work together and to get the details of things smoothed up. The commanding general of 3rd Marine Amphibious Force was also the "I" Corps tactical zone coordinator. He was a senior military commander in "I" Corps and I was his surgeon. So, I had to go around and see all of the Army hospitals as well as the Marine and Navy facilities. And keep tabs on the disease rates this that and the other thing; personnel movements back and forth.

How did the malaria thing finally play out? When you got there, it was pretty serious.
It was. It remained serious while I was there. At one time, I think in the fall of '68, we had the equivalent of a full battalion of Marines down with malaria.

A battalion?
Yes. If you counted all Marines in "I" Corps who had malaria at that given time, I think it amounted to a full battalion; a battalion of non-effectives. So, that's how serious the problem was. It was a real one.

So the chloroquine didn't do it?
Perhaps if everybody had been taking their chloroquine it might have done it. I took mine religiously. I never got malaria. But, these guys were out in deep jump. The chloroquine would give them diarrhea, make their bellies cramp up; (it) feels terrible one whole day. I imagine a whole lot of them skipped it. We had trouble with diagnosing malaria. Most of these patients would be admitted as fever FUO (fever of unknown origin), big deal over there. It could be anything. But, about 85 percent of the FUOs were malaria. Malaria is not the easiest thing to diagnose on a blood smear. And our senior internist at NSA hospital, who was JJ Gunning, looked at each of the slides himself because he just felt he couldn't trust his corpsmen, his lab corpsmen, to see all of the malarias.

Once you had these cases, how were they treated at that time?
Well, I think chloroquine was the treatment too. Once and awhile you'd get a very bad one then I suppose you'd have to get IB quinine maybe.

Depending on the case, what was the average length of recovery for these guys?
Most of that malaria was falcipirum. One of the nice things about falcipirum is although falcipirum malaria can kill you, it can be cured. Whereas vivax malaria doesn't kill you; but it keeps recurring and recurring and recurring and it takes a couple of years to clear up. And so,

since most of our malaria was falciparum out there, once it was cured, say a week or ten days, then the guys were as good as new. It would generally not recur until he got bitten again.

So, chloroquine could be used for both or just the falcipirum variety...
I think it was effective against both of them. And it did not color your skin yellow as the atabrine did in WWII.

I recall interviewing one of the former POWs from Corregidor. He's still around. I go see him every once and awhile. He lives down in Richmond. I asked him about when he was liberated. He was in the Bilibid prison in Manila and he was very ill. In fact, that's how come he survived because the healthy ones they sent off on these transports to Japan. They were torpedoed by American submarines. He was so ill they decided he was going to die anyway, so they left him behind. And he said that he remembered the day the Americans came. It was February of 1945. And he heard the tanks rumbling through; bullets ricocheting off the walls. And the Japanese left. They took off. And all of a sudden, this rifle butt came smashing through one of the...they didn't have windows anymore. They just had shutters, rifle butt came in and they looked and they looked at this guy and they didn't know what he was. He was wearing a helmet they had never seen before. They remembered the old tin can helmets. You know the old WWI type helmets?
Yes.

Here's this guy wearing a helmet and his skin is yellow and they did not know who he was. So the guy yelled in. He said, "What are you guys doing in there?" And they said, "Well, who are you?" And he said, "Well, I'm John such and such from the 3rd Cavalry Division or something." And they didn't believe him. So, one of those prisoners then said, "Give me a Camel. If you're an American give me a Camel." The guy said, "I don't have any Camels but I've got a Lucky Strike." And he gave them a Lucky Strike and he knew they were saved. But he said he remembers the color of their skin. He said they all looked healthy. But they all looked yellow and it was from the atabrine.
And [?] would turn yellow; looked as though you had jaundice.

You talked about immersion foot. How is that different from trench foot?
I suppose, basically, it was the same thing. It came from having your feet in impervious boots and wet most of the time, not changing into dry socks.

Was it a fungus?
I'm not sure whether fungus was involved or not. But the skin would all turn white ...[?]...but the whole foot would be that way. The sole of the foot would get so sore that the guys couldn't walk on it. We didn't see much of it when I was out there. The dermatologist that the SG had sent out had pretty much convinced the Marine commanders that they had to get the men to get their feet out of their boots more often than once a day, twice a day; and change socks; carry dry socks in their knapsack and change them. I guess they also introduced sort of felt pads as sort of inner soles that helped. There should be a raft of bureau reports on that. I'm (trying) to think of the name of the fellow that went over.

The dermatologist?
Yes. He lives in or used to live in Annapolis. Because he took lots and lots of pictures and wrote a big report on it. And as a matter of fact, after I left they began to have a recurrence of that and I think Charlie Key sent a report in to the bureau saying that he had seen so many cases of that. And they had to go back and reemphasize the dry-foot discipline. It seems to me that in one report of Charlie Key, this was mentioned.

What other diseases did you see besides malaria? Infrequently, you saw this immersion foot...
One of the things you would think wouldn't be much trouble was severe acne. You know, some people have fairly bad acne and once and awhile you'd see it on a fellow's back. Well, in the tropics, that stuff really blossomed. We had boys with acne on their backs, on their faces; so severely that literally we had to evacuate them for what's a garden variety disease. Once they got back in a cool, dryer climate, they'd clear up. But in that hot, wet weather eczema raised hell. That was one. We had several cases of plague in the local villages around headquarters, which gave us kind of a scare. So we went out and dusted the rat-rooms like mad and so forth and got that under control. For as I know, we didn't have any service cases of plague. Didn't see any cholera.

How were your preventive medicine teams as far as malaria.
Good. We had a complete unit set up at...well each division had a small unit...but we had a big unit set up at NSA hospital. And those people were very good. And let's see...is CAPT Van Landingham still in the Navy?

No.
I don't mean him. I mean Van Peenen.

He died several years ago.
Did Durk make admiral?

Yes.
No wait a minute, that was his father.

His father...O.K.
This is Durk Van Peenen. I think he was on the faculty out the Armed Forces Medical School.

I'm not familiar with him. It's the father that I'm familiar with because he was the former POW.
Yes, that was his father. Well, write that name down. Durk Van Peenen was the skipper of the preventive medicine unit attached to NSA hospital. We did know what variety of mosquito was transmitting malaria. So Durk and, I think, one or two of his boys went out into the Au Shau Valley, which was very uncomfortable country. And (they) exposed themselves and caught mosquitos; trying to determine which mosquito was transmitting malaria. Durk (?) was very active in following malaria rates. He did a great job.

He should still be around, I would think.
I would think so because I'm quite sure he was on the faculty out here at the school.

I can check that out pretty easily. When you were sending the reports back and Dr. Eiseman was doing that, how responsive was the SG? I would imagine fairly responsive to what you found.

Yes, he was.
One thing that Dr. Eisemann mentioned to me when I talked to him...and he was amused by this...see he'd go out there to the field, to these little places, where the physicians were being under-utilized; as you said whittling. So that's essentially what they were doing. But there were other places where he said people got really spoiled and expected to find a fully equipped Bethesda-kind-of-hospital out in the bush...
Oh, yes.

And would moan and cry and complain about the fact that they didn't have the absolute latest thing. So what they would do is they'd write home. And in many cases, the parents or whoever, the brother or relatives of these people would start complaining publicly that their guys in the field were practicing under the most primitive conditions. And it caused a lot of problems.

Yes, it sure did.

But he said oftentimes he would go out to the dumps and he said he would find chest tubes, plastic chest tubes that apparently were not issued. But these guys would get them sent from home. They'd go out to the surgical plant and send them a bunch of these things. And they would just use them once and throw them away as if it were a stateside hospital. This stuff would be thrown on a heap somewhere. It made an impression on him, seeing that kind of thing.
I guess when we started out there some of the things that we had had been bought years earlier, both by the (Marine) Corps and by the Navy for the NSA hospital, were not as up to date as some of the stuff we had been using in the states. I remember one of things that the Navy NSA hospital apparently was equipped with some anesthesia machines that had gone out of style years before. The new anesthesiologist came out and took a look at it and (said), "My god, what is this antique."

What was a bird machine?
That's a little plastic gadget that helps you breath. I guess maybe we didn't have those; they had to send back some "hurry up" requisitions for birds.

I heard...when I was talking to Dr. Dinsmore (?)...and he was talking about taking a shell out of this guy and they talked about using a bird machine. And I didn't know what that was. Is that a respirator?
Yes, it's a respirator. And what other things did they bitch about. Oh, I remember one of our CAP corpsmen, Civilian Action Program, we had our civilian assistance teams. The Marines

started a system, I think under General Lou Walt, of providing a small squad of Marines to match a similar squad of people from an individual village. Combined Action program I think that's what is called. And this usually included corpsmen who would be paired off with a Vietnamese corpsman. General Walt had convinced the "powers that be" that it would be safe to arm Vietnamese. There was a big objection to this initially. My god you give these villages some rifles and then the next thing you know they'll be shooting us from ambush. But General Walt convinced the "powers that be" that many of these villages would be interested in trying to protect themselves from the Viet Cong. And these were the [?] of the Combined Action Program teams. I think all together there were about 60 of them. I remember very distinctly that in one of these villages there was an orphanage. And the U.S. corpsmen assigned to that CAP team were also helping out at the orphanage. Very nice, he was a very conscientious kid. And he was writing home about the drugs he needed. And of course this got written in the newspapers, "Corpsmen helping out in Vietnamese Orphanage. Please send him this that and the other thing which the orphanage needs." And this caused all sorts of problems. It looked as though we were not supplying the drugs that this poor boy really needed. Of course, he was asking for everything under the sun. But yes it is true...I know that some medical officers were disappointed because they didn't have certain disposables. They didn't have the type of disposal needle called an intracalf and it took forever, they thought, to get it through the naval supply system. So they would send a letter back to their buddies in the hospital they had come from. Our mail was very good. It only took about a week for a letter to get back and get a reply, "Dear Joe: Send me a package of two dozen intracalves." "Sure," put it in an envelope and send it back. There were times when our supply system was kind of exasperating.

What was the biggest problem that you ran into while you were there? Was it administrative? Or what did you find to be the most rankling thing that you had to encounter?
Gee, I don't know how to answer that. Well, I suppose it might have been the fact that we didn't have a unified chain of command. And here I worked hand-and-glove with my Army counterpart who did. I was the staff surgeon to the I Corps commander. All I could do, really, was tell him what I thought should be done. I couldn't go out to one of the medical battalions and say, "Look, Joe, you really ought to do it this way." Oh, I could go out and have a friendly discussion with him. And this is why those I Corps society meetings were so good because all of us got together once a month.

With other services?
Yes, Army, Navy and Air Force. And we held them in a different installation each month so that the Marine Corps files could see what the Army hospitals looked like and vice versa.

While you were there did the hospital ever come under fire? Mortar attack or anything?
Yes, and our headquarters came under attack several times. As-a-matter-of-fact everybody was sure of course that their chances of being hit went up as the end of your tour approached. And one day, at 5:00, I had left my office; gone to the barracks, which were immediately behind it; climbed up to the second deck; luckily, went down the hall to relieve myself. A 122 rocket came in. (It) went through the roof of my office. Luckily, it was not correctly fused. It dug a whole before it exploded. So there wasn't much shrapnel flying around. None of my corpsmen were

hurt except that two or three of them couldn't hear for three or four days. What shrapnel there was, flew up high. Luckily, I was done the hall from it. I had some holes in my screens but it didn't nick me.

This was in the barracks?
The headquarters compound.

That's probably as close as you wanted to come at that point.
Yes. The only time I came any closer was in WWII when...this is a funny story...I was a HNS battalion surgeon. And the first night out on the beach, I'd been bitten by a snake and had been evacuated. Got back to Saipan (and) eventually got back to Okinawa. After that experience, the general wanted to be toured passed a smashed school house. They all had bottles of pickled Okinawa snakes in them. Keep bringing those goddamn bottles back and set them in the sick bay. "Pierce. Surgeon. Here are some of your friends." And he eventually ended up with some external otitis fungus in his ear, which a lot of us had then. And I'd have to [?] with powder twice a day, morning and night.

Sulfa?
And sometimes, after the morning puff, he'd invite me to go for a ride down to the front to see what was going on. He had start [?] his staff meetings in the morning. He went out himself to see what the hell was going on. This was a general named Geiger. And we'd have our staff meetings in the evening. Well one day he got a telegram that one of our medical officers mother had died. He called me over to his tent and he said, " Smug what am I going to do about this? I can't send this kid back." And I said, "Well, look General things are safe up here. This guy is down on the front. Why don't you drive me down to that area this morning on your inspection; take him back to headquarters and let him have three or four weeks up here. And I'll work with the line battalion." He said, "Yeah, that sounds pretty good." Well, the guy was Herb Stuckon (?). So, I relieved Herb. I think it was in the 22nd Marines. I was with them three or four weeks. I remember once we were crawling through a gully. We had to get up to a place where we were exposed. And there was a Jap in the cave who still had an automatic weapon firing at us and trying to pick us off as we crossed this road. [?] about one round and five as a tracer and you could see it coming. And when it got to be your turn to get out of that gully and go over that road and expose yourself to the fire, that guy...well, that was a very uncomfortable feeling.

How did you get across?
We ran like hell. And hoped you wouldn't get hit. And I didn't.

That was in Okinawa?
Yes.

That was a lot longer campaign than anyone anticipated.
Yes it was.

General Geiger, is that who Camp Geiger is named for?

Yes. He was one of the first Marine aviators. I forget what license he held. Naval aviator number five or six, he was one of the real early guys. He was christened Roy. He did the first air evacuation down in Nicaragua.

Yes, I had certainly heard the name. When did you leave Vietnam?
I left Vietnam in I guess June of '69.

June 1969.
Yes, I was there '68 - '69.

You must have been real happy to get out of that place.
Yes. No regrets.

And where was your next assignment after you got back?
(It) was to the Bureau.

Was here at the Bureau (of Medicine and Surgery)?
In charge of Marine and Fleet medical support in (the) corner office in building one.